

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09/987003 FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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50						
TOTAL IND	5					
TOTAL DEP	36					
TOTAL CLAIMS	41					
51						
52						
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100						
TOTAL IND	2					
TOTAL DEP	38					
TOTAL CLAIMS	40					

81/7